

Center Licensing Inspection Full Report

All licensed child care programs are inspected at least once each year. Non-compliances are documented and grouped as Serious, Moderate or Low risk violations. Documenting statements and supplemental information may be included in this report. Licensing inspection reports from the previous three years can be viewed on the child care website at http://jfs.ohio.gov/CDC/childcare.stm. This includes complaint investigation reports with substantiated allegations. For any other child care records, please contact the Child Care Help Desk at 1-877-302-2347, option 4.

| | Program Deta | ils | | |
|-------------------------------|-------------------------|-----------------|-------------------|--|
| Program Name | Program Number | | Program Type | |
| Global Connection Academy | 2220026888 | | Child Care Center | |
| | | | | |
| Address | | | County | |
| 16200 Burrows Rd Thompson | | | GEAUGA | |
| ОН | | | | |
| 44086 | | | | |
| | | | # | |
| Building Approval Date | Use Group/Code | Occupancy Limit | Maximum Under 2 ½ | |
| 08/25/2022 | E | 1574 | 0 | |
| Fire Inspection Approval Date | Food Service Risk Level | | | |
| 02/08/2023 | Exempt | | | |

| Inspection Information | | | | |
|------------------------|--------------------------------|------------------|-------------------|--------------|
| Inspection Type | Inspection So | cope | Inspection Notice | |
| Follow-up | Full | | Unannounced | |
| Inspection Date | Begin Time | | End Time | |
| 05/15/2025 | 9:30 AM | | 11:00 AM | |
| Reviewer: | | | | |
| MATTHEW PIGNATO | | | | |
| Summary of Findings | | | | |
| | | | | |
| No. Rules Verified | No. Rules with Non-compliances | No. Serious Risk | No. Moderate Risk | No. Low Risk |
| 8 | 1 | 0 | 1 | 0 |

| License Capacity and Enrollment at the Time of Inspection | | | | |
|---|------------------|------------|-----------|-------|
| Age Group | License Capacity | Enrollment | | |
| | Totals | Full Time | Part Time | Total |
| Infant (Birth to < 18 m) | | 0 | 0 | 0 |
| Young Toddler | | 2 | 0 | 2 |
| Total Under 2 ½ Years | 25 | 2 | 0 | 2 |
| Older Toddler | | 5 | 0 | 5 |
| Preschool | | 19 | 0 | 19 |
| School Age | | 0 | 0 | 0 |
| Total Capacity/Enrollment | 138 | 24 | 0 | 26 |

| Staff-Child Ratios at the Time of Inspection | | | |
|--|-----------------|----------------|---------|
| Group | Age Group/Range | Ratio Observed | Comment |



| Preschool | 3 years to < 4 years | 3 to 13 | 1st |
|----------------|--------------------------|---------|-----|
| Infant/Toddler | 18 months to < 30 months | 1 to 5 | 1st |

Summary of Non-Compliances

If a program disagrees with a licensing finding, the program may request a review of the finding(s). Ohio Administrative Code 5180:2-12-03 and 5180:2-13-03 detail the process for submitting a request for review. The request for review must be submitted within seven business days from the receipt of the licensing report. In addition, if the program is star rated, the rating may be impacted if a serious or moderate risk non-compliance is cited.

| Serious Risk Non-Compliances | |
|--|--|
| No Serious Risk Non-Compliances were observed during this inspection | |
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Moderate Risk Non-Compliances

Domain: 00 License & Approvals

Rule: 5180:2-12-04 Fire Inspection

<u>Code</u>: The program is required to have all spaces used for child care inspected by the fire department or the state fire marshal's office prior to serving children. The program is required to obtain a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection. If violations are noted during the inspection, the program is required to have all violations corrected and have the program reinspected to obtain a completed fire form.

<u>Finding</u>: During the inspection, it was determined the program did not meet the requirements for fire inspection as noted in number 1 below:

- 1. The program did not have documentation on file for a fire inspection without any uncorrected violations within 12 months from the date of the last fire inspection and the request for the new inspection was not made at least 30 days prior to the expiration of the previous fire inspection.
- 2. The documentation for the most recent fire inspection contained violations that had not been corrected.
- 3. The [] space was being used and had not been approved by the fire department or the state fire marshal's office for child care.

Submit the program's corrective action plan, which includes an updated fire inspection without any uncorrected violations, to the Department to verify compliance with the requirements of this rule.



| Corrective Action Plan Due: 06/20/202 | 5 | |
|---------------------------------------|-------------------------------|---|
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| | Low Risk Non-Compliances | |
| No Low Risk Non-Compliances were ob | served during this inspection | |
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| | Rules In-Compliance/Not Ver | fied |
| | tules in-compliance, Not Ver | illeu |
| Rule | Status | Decumenting Statement(s) If applies his |
| 5180:2-12-16 Written Disaster Plan | Not Verified | Documenting Statement(s), If applicable |

| Rule | Status | Documenting Statement(s), If applicable |
|------------------------------------|--------------|---|
| 5180:2-12-16 Written Disaster Plan | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-02 License Posted | Not Verified | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-04 Building Department | Not Verified | |
| Inspection | | |
| | | · · |
| Rule | Status | Documenting Statement(s), If applicable |



| 5180:2-12-02 Current Information | Not Verified | |
|--|---|---|
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-03 Inspection | Not Verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-04 Food Service | Compliant | Documenting Statement: The food service |
| Requirements | Compilant | license was observed posted. Following is |
| | | the audit number and date of expiration: |
| | | 9998319; Expiration Date: 3-1-26. |
| | -01 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-05 Denial, Revocation and | Not Verified | (-), |
| Suspension | | |
| Dele | Chatana | Decree with Chateron with If any limble |
| Rule | Status Not Verified | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Not verified | |
| Qualifications | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Administrator | Not Verified | |
| Responsibilities/Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-07 Written Program | Not Verified | |
| Policies and Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Medical Statement | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member | Status Not Verified | Documenting Statement(s), If applicable |
| TANKS OF THE STATE | | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule | Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule 5180:2-12-08 Orientation Training & | Not Verified | |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule | Not Verified Status | |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule 5180:2-12-08 Orientation Training & | Not Verified Status | |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule 5180:2-12-08 Orientation Training & Whistle Blower Protection Rule | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule 5180:2-12-08 Orientation Training & Whistle Blower Protection Rule Rule: 5180:2-12-09 Background Check | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| 5180:2-12-08 Child Care Staff Member Educational Requirements Rule 5180:2-12-08 Orientation Training & Whistle Blower Protection Rule | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement: During the |



| Rule | Status | Documenting Statement(s), If applicable |
|--------------------------------------|---------------|---|
| 5180:2-12-10 Health Training | Not Verified | Bocamenting statement(s), it applicable |
| Requirements | 1400 Vermed | |
| requirements | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-10 Professional | Not Verified | boodinenting statement(s), it approase |
| Development Requirements | Tree vermen | |
| Development negali ements | I. | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Fall Zones | Not Verified | Section (c), it approach |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Indoor Space | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Separation of Children | Not Verified | |
| Under 2 1/2 Years | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Space | Not Verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-11 Outdoor Play Equipment | Not Verified | |
| . ,, : | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Equipment | Not Verified | |
| | | |
| | I - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-12 Safe Environment | Not Verified | |
| | L | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Sanitary Equipment and | Not Verified | Documenting statement(s), if applicable |
| Environment | 140t verified | |
| Liviolinient | I | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-13 Handwashing | Not Verified | Documenting Statement(s), if applicable |
| Requirements | Not verified | |
| Requirements | | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Documenting statement(s), if applicable |
| 5180:2-12-13 Toothbrushing | Not verified | |
| Requirements | I. | |
| Pulo | Chatus | Decumenting Statement/s\ If!: |
| Rule | Status | Documenting Statement(s), If applicable |



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|--|--|---|
| 5180:2-12-13 Smoke Free | Not Verified | |
| Environment | | |
| - | * | <u>'</u> |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Driver | Not Verified | boodinericing statement(s), it approasie |
| The state of the s | Not verified | |
| Requirements | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation and Field | Not Verified | |
| Trip Procedures | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-14 Transportation - Vehicle | Not Verified | |
| Requirements | | |
| neganements | At | |
| Rule | Status | Documenting Statement(s), If applicable |
| | Not Verified | Documenting Statement(s), it applicable |
| 5180:2-12-15 Child Medical and | NOL VERITIED | |
| Enrollment Records | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-15 Medical/Physical | Compliant | Documenting Statement: The program |
| Care Plans | | had current information on the medical |
| | | status and the required treatment plan |
| | | for the children with health conditions. |
| | | Tor the dimarch with fledith conditions. |
| L | | |
| Dula | Status | Decumenting Statement(s) If applicable |
| Rule | | Documenting Statement(s), If applicable |
| 5180:2-12-16 Medical, Dental, and | Not Verified | |
| General Emergency Plan | 50. | |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Emergency Drills | Status Not Verified | Documenting Statement(s), If applicable |
| anti-decay. | PRODUCTION CONTRACTOR OF THE PRODUCTION OF THE P | Documenting Statement(s), If applicable |
| anti-decay. | PRODUCTION CONTRACTOR OF THE PRODUCTION OF THE P | Documenting Statement(s), If applicable |
| 1444-3444-344 | PRODUCTION CONTRACTOR OF THE PRODUCTION OF THE P | |
| 5180:2-12-16 Emergency Drills Rule | Not Verified Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| S180:2-12-16 Emergency Drills Rule 5180:2-12-16 Incident/Injury | Not Verified | |
| 5180:2-12-16 Emergency Drills Rule | Not Verified Status | |
| S180:2-12-16 Emergency Drills Rule 5180:2-12-16 Incident/Injury Reporting | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| S180:2-12-16 Emergency Drills Rule 5180:2-12-16 Incident/Injury Reporting Rule | Not Verified Status Not Verified Status | |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting | Not Verified Status Not Verified | Documenting Statement(s), If applicable |
| S180:2-12-16 Emergency Drills Rule 5180:2-12-16 Incident/Injury Reporting Rule | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting | Not Verified Status Not Verified Status | Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Standard Precautions | Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 First Aid/Standard Precautions Rule | Not Verified Status Not Verified Status Not Verified Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 First Aid/Standard Precautions Rule 5180:2-12-16 Management of | Not Verified Status Not Verified Status Not Verified Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 First Aid/Standard Precautions Rule 5180:2-12-16 Management of Communicable Disease | Not Verified Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 First Aid/Standard Precautions Rule 5180:2-12-16 Management of Communicable Disease Rule | Status Not Verified Status Not Verified Status Not Verified Status Status Status Status Status Status | Documenting Statement(s), If applicable Documenting Statement(s), If applicable |
| Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 Incident/Injury Reporting Rule 5180:2-12-16 First Aid/Standard Precautions Rule 5180:2-12-16 Management of Communicable Disease | Not Verified Status Not Verified Status Not Verified Status Not Verified | Documenting Statement(s), If applicable Documenting Statement(s), If applicable Documenting Statement(s), If applicable |



| Rule | Status | Documenting Statement(s), If applicable |
|--|---------------------|---|
| 5180:2-12-18 License Capacity | Not Verified | |
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| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Ratio | Compliant | Documenting Statement: Staff/child |
| | | ratios observed during the inspection |
| | | were in compliance. |
| | | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Schedule | Not Verified | |
| | | |
| | - | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-17 Daily Outdoor Play | Not Verified | |
| | | |
| Dula | Chahira | Decree antime Chatamanat (1) If a well-all- |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-18 Group Size | Compliant | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| Rule: 5180:2-12-18 Attendance | Compliant | Documenting Statement: During the |
| Records | Compilant | inspection, attendance records were |
| Necords | | reviewed. Child Care Staff Members were |
| | | |
| | | viewed recording the attendance for each |
| | | child upon arrival and departure. All |
| | | attendance records met the requirements |
| | | of the rule and were kept with the group |
| | | at all times. |
| | | |
| Rule | Chatus | Decumenting Statement(s) If applicable |
| | Status Not Verified | Documenting Statement(s), If applicable |
| 5180:2-12-20 Cots and Napping | Not verified | |
| | L | 1 |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Child Guidance | Not Verified | (-), approac. |
| and an | | |
| | | · |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-19 Supervision | Compliant | |
| The second secon | | |
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| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Fluid Milk Requirements | Not Verified | |
| To a second seco | | |
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| Rule | Status | Documenting Statement(s), If applicable |
|---|--------------|---|
| 5180:2-12-20 Cribs | Not Verified | |
| | | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-21 Evening and Overnight | Not Verified | |
| Care | | |
| | 1 | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Meal and Snack | Not Verified | 0 (// 11 |
| Requirements | | |
| | * | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-22 Safe Food | Not Verified | |
| Handling/Storage | | |
| Transmitty ocorage | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Daily Care | Not Verified | bocamenting statement(s), it applicable |
| 3100.2 12 23 infant bany care | Not vermed | |
| | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Infant Bottle and Food | Not Verified | 0 (7) |
| Preparation | | |
| - reparation | | I |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-23 Diapering and Toilet | Not Verified | Boodinemany statement(s)) if appreciate |
| Training | Not vermed | |
| Trailing | | |
| Rule | Status | Documenting Statement(s), If applicable |
| 5180:2-12-24 Swimming and Water | Not Verified | Documenting Statement(3), it applicable |
| Safety Requirements | NOT VEHILER | |
| Salety nequirements | | |
| Rule | Status | Documenting Statement/s) If applies his |
| | 6.500.000 | Documenting Statement(s), If applicable |
| 5180:2-12-25 Medication Administration | Not Verified | |
| | | 1 |